UNITED STATES DISTRICT COURT

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SOUTI	HERN DISTRICT OF NEW YORK	2015 DEC 1 O	PM 3: 32
CUR	ITIS PETER MICHAEL FORTEAU		
(In the sp	pace above enter the full name(s) of the plaintiff(s).)	C	OMPLAINT
	ngainet	C	under the
	-against-	Civil Righ	ts Act, 42 U.S.C. § 1983
HEAITH	HAND HOSPITAL CORPORTION		risoner Complaint)
KAMRU	ILKHAN M. D	_	Λ
CITY	OF NEW YORK	Jury T	rial: Yes 🗆 No
MOJAY	/ PASCUA!		(check one)
CENTRA	ALNEW YORK PSYCHIATRIC CENTER		
Dr.Vella	VELEZ. LAST NAME.	-150	$\mathbf{V}968$
	SHEKU MAGONA M.D	TOO	V 000
	TION OFFICER AUBIN		
DOCTOR	KILUVIA M.D	_	
(In the sp	pace above enter the full name(s) of the defendant(s). If you		
-	it the names of all of the defendants in the space provided,		
-	vrite "see attached" in the space above and attach an all sheet of paper with the full list of names. The names		
	the above caption must be identical to those contained in		
	Addresses should not be included here.)		
I.	Parties in this complaint:		
	List your name, identification number, and the na confinement. Do the same for any additional plaintiff		
	as necessary.		
Plaintiff		ORTEAU	
	ID# 14A3317	150	
	Current Institution GREAT MEADOW COR	RECITIONAL MACTI	II Y
	Address $P.OBOX51$		
	COMSTOCK NY 12821.005	1	
B.	List all defendants' names, positions, places of employ	ment and the addre	ess where each defendant
D.	List all detendants names, positions, places of employ	mont, and the adult	200 MILET C CHOIL MCICHARIT

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may be served. Make sure that the defendant(s) listed below are identical to those contained in the

Name HEAITH AND HOSPITAL CORPORATION Shield #
Where Currently Employed HEAITH AND HOSPITAL CORPORATION
Address 125 WORTH STREET SUITE 510
NEW YORK N.Y 10013

above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Defend	ant No. 2	Name KIRBY FORENSIC PSYCHIATRIC CENTER	Shield #
		Where Currently Employed KIRBY FORENSIL PSYCHO	TATTRIC CENTER
		Address boo EAST 125 STREET	
		WARDS ISLAND NY 10035-6098	
		The second secon	
Defend	ant No. 3	Name KAMRUL KHAN M.D	Shield #
		Where Currently Employed CENTRAINEWYORK PSKLA	IATRIC CENTER
		Address Old RIVER ROAD P.O BOX 300	
		MARCY NY 13403 OR 13404-0300	
		THINK IN IS IN ON IS TO TOSO	
Defend	ant No. 4	Name JAY PASCUAL M.D	Shield #
		Where Currently Employed KIRBY FOR ENSIC PSYC	HIATRIC CENTE
		Address hoo EAST 125 STREET	
		WARDS ISLAND NY 10035-6098	
		LAST WANE	
Defend	ant No. 5	Name MR. JIMENEZ R.N	Shield #
201020		Where Currently Employed KIRBY FORENSIC PSYCH	
		Address 600 EAST 125 STREET	MIRC CLIVER
		WARDS ISLAND NY 10035-6098	
		MANGE CECOST EN DONNICE CONTIN	
II.	Statement of C	Claim:	
State as	briefly as poss	ible the facts of your case. Describe how each of the defi	endants named in the
caption	of this complain	t is involved in this action, along with the dates and locations	of all relevant events.
You ma	y wish to includ	le further details such as the names of other persons involved	d in the events giving
number	and set forth ea	o not cite any cases or statutes. If you intend to allege a numich claim in a separate paragraph. Attach additional sheets o	ber of related claims,
		paragraph. Tittada additional shoots o	i puper as necessary.
A.	In what in	stitution did the events giving rise to your	-1 ' ()
71.	500 800 57	stitution did the events giving rise to your NEW YORK PSYCHIATRIC CENTER	claim(s) occur?
	_ GENTRA	I NEW YORK TSYCHIAIRLE CENTER	
	-		
В.	Where in th	ne institution did the events giving rise to you	r claim(a) cour?
		ROOM - HOSPETAL	r crann(s) occur:
	I RUZENT I	(00,00 10)121712	
	2		
C:	What date an	d approximate time did the events giving rise to yo	over alaim(-)
	APRILL 2 115	APPIROXIMATE PLEACE BAM	ui ciaim(s) occur?
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ADETHANKSON PLEACE I C. PETERMICHAEL F. INNOCENCE WHITE EACH COMPLETE MEACE TRUTH ELEMENTS PROCESS

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Who did what?	I NEVER EVER HAD ANY HEAVITH PROBLEMS UNTIL THOSE TERRIBLE PREMEDIATING MURZERERS DESTROYING DANSER CORRUPT VEDLENT CROMINATORING WHICH I
Was anyone else involved?	INTENTIONAL DELIBERATE DESTROYENGTRING TO KILL ME WITH THOSE TERRID EILIEGALOANGERPSEHOLGEN
Who else	I AMNEVER NEVER BYCHOLOGICAL ITLEVER AT ALLEVER. I NEVER NEVER SCHIOPHRENIZEVER AT ALL EVER I NEVER NEVER NEVER NEVER NEVER NEVER AT ALLEVER I DON'T KNOW IF I MAY REPRODUCE AFTER I TOID THEM I SUFFER FROM EXCRUCIATIONS VERY SEVERE DAMAGE TO MY REPRODUCTIONS SYSTEMS EXCRUCIATIONS VERY SEVERE DAMAGE TO MY REPRODUCTIONS SYSTEMS EXCRUCIATIONS VERY SEVERE DAMAGING PAINS IN MY HEART EXCRUCIATION OF THE STATE ON THE STATE OF
saw what happened?	DESTROYED DAMAGED EXCRUCIATING VERY SEVERE MY COMPLETE. BESTS. TRUTH GRADUATE ANTITERROR. PREACH TOP GRADUATE BROWN WORK ALL MY COMPLETE. BESTS. TRUTH I BERTH GROWTH PREACH I AM WORKING ON THEOLOGY TO 10 YEARS COLLEGE EDUCATION. THERE WEVER NEVER NEVER DAMA EVIDENCE EVER AT ALL EVER.
THO THE THE	Injuries: Ou sustained injuries related to the events alleged above, describe them and state what medical treatment, if you required and received. THEY INTENTIONAL DELIBERATE KNOWLESS THAT I NEVERNITURE TO ANY MEDICAL MANY MEDICAL MANY MEDICAL MANY MEDICAL MANY MEDICAL MANY MEDICAL MANY REPRODUCES I MANY REPRODUCES IN MANY REPRODUCES IN MANY THEY ROUTH ANY THEY ROUTH AND THEY ROUTH ANY THEY ROUTH AND THEY ROUTH AND THEY ROUTH AND THEY ROUTH ANY
DES IV.	TROYED MY COMPLETE PIEACE TRUTH COMPLETE BEENS. Exhaustion of Administrative Remedies:
conf	Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner ined in any jail, prison, or other correctional facility until such administrative remedies as are available are usted." Administrative remedies are also known as grievance procedures.
Α.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility? Yes No

	rise to your claim(s). LAINEW YORK PSYCHIATRIC CENTER · Old RIVER ROAD P. OBOX 300
1RC	(Y NY 13403 OR 13404-0300
	Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure
	Yes No Do Not Know
	Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?
	Yes No Do Not Know
	If YES, which claim(s)? All THOSETERRIBLE PREMEDIATING MURDERERS SITUATIONS
	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?
	Yes No
	If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes No
	If you did file a grievance, about the events described in this complaint, where did you file the grievance? AT THAT HOSPITAL
	1 Which claim(a) in this parallely 1/1
	All TERRIBLE VIOLENT DANGER DESTROYING CRIMINAL SITUATIONS FERRIBLE
:	2. What was the result, if any? THERE WAS A PIEACE FEW PEOPLETHAT TALK TO TRUTH IE
į	AND WRITE MAIL
	What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. WESTE MAIL ALL PLEACE COURT MATTERS WRITE AND IN PERSON
]	If you did not file a grievance:
	1. If there are any reasons why you did not file a grievance, state them here:

If you did not file a grievance but informed any officials of your claim, state who you informed,

	when and how, and their response, if any:
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
Note:	You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.
v.	Relief:
State w	hat you want the Court to do for you (including the amount of monetary compensation, if any, that you
are see	sking and the basis for such amount). I WANT AMPIEACE THOSE THEM PIEACE OF THE MEDITAL PROPERTY.
1 A1	N PRESSIPIEALE FEDERAL AND CIVIL RIGHTS CHARGES AGAINST THEM
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\$2.5 v	MILIZON COURT PREACE MATTER LAWSUIT MONEY COMPENSATION
VI.	Previous lawsuits:
A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
	Yes No

On these claims

В	3.	If your is more format.	answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there e than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same.)
		1.	Parties to the previous lawsuit:
		Plainti	ff
		Defend	lants
		2.	Court (if federal court, name the district; if state court, name the county)
		3.	Docket or Index number
		4.	Name of Judge assigned to your case
		5.	Approximate date of filing lawsuit
		6.	Is the case still pending? Yes No
			If NO, give the approximate date of disposition
		7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
ã)			
On other claims	C.		
other	C.	Yes If ye	e you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
other		Yes If ye	e you filed other lawsuits in state or federal court otherwise relating to your imprisonment? No our answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If e is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the
other		Yes If you ther sam	e you filed other lawsuits in state or federal court otherwise relating to your imprisonment? No our answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If e is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the e format.) Parties to the previous lawsuit:
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other		Yes If you ther sam 1. Plainti Defend 2.	e you filed other lawsuits in state or federal court otherwise relating to your imprisonment? No
other		Yes If ye ther sam 1. Plainti Defend 2.	e you filed other lawsuits in state or federal court otherwise relating to your imprisonment? No
other		Yes If you ther sam 1. Plainti Defend 2. 3. 4.	e you filed other lawsuits in state or federal court otherwise relating to your imprisonment? No
other		Yes If you ther sam 1. Plainti Defend 2. 3. 4. 5.	e you filed other lawsuits in state or federal court otherwise relating to your imprisonment? No

I decla	re under penalty of perjury that the foregoin	g is true and correct.
Signed	this <u>20</u> day of//, 20 <u>/5</u> .	
		- + D+ 11 1 T tout
	Signature of Plaintiff	Culin Pela Michael 160000
	Inmate Number	1443317
	Institution Address	GREAT MEADOW CORRECTION FACILETY
		P.O BOX 51
		COMSTOCK NY 12821-0051
Note:	All plaintiffs named in the caption of the comp inmate numbers and addresses.	laint must date and sign the complaint and provide their
I decla	re under penalty of perjury that on this 20	ay of, 20 <u>/5</u> , I am delivering this
compla	int to prison authorities to be mailed to the Pr	o Se Office of the United States District Court for the
Southe	rn District of New York.	
	Signature of Plaintiff:	Curtin Peter Michael Festiver

	DEFENDANTS
	HEAITHAND HOSPETAL CORPORATION 125 WORTH STREET SUITE 510 NEW YORK NY 10013
	KIRBY FORENSIC PSYCHIATRIC CENTER GODEAST 125STREET WARDS ISLAND NY 10035 6098
	KAMRUL KHAN M.D CENTRALNEWYORK PSYCHIATRIC CENTER OLD RIVERRA PDBOX300MARCYNY 134040R1340
	M.D. JAY PASCUALKIRBY FORENSIC PSYCHEATRIC CENTER BOD EAST 125 STREET WARDS I SLAND DAY 10035 BOX
	MR. JIMENEZ R. NKIRBY FORENSIL PSYCHIATRICCENTER 600 EAST 125 STREETWARDS IS AND NY 10035 6
	R.N. FORDKIRBY FORENSICBYCHLATRICZENTER BODEAST 125 STREET WARDS IS/AND NY 10035 6098
	DOCTOR SHERV MAGONA M. UKIRBY FORENSIC PSYCHIATRIC CENTER 600EAST 125 STREET WARDS ISLAND
	DOCTOR KILUVIA M. DANNA M. KROSSCENTER 13.18 HAZEN STREET EAST ELMHURSTNY11370
	S.H.T.A RAWCINS KIRBY FORENSICPS XCHIATRICCENTER 600 EAST 125 STREET WARDS IS LAND NY 1003.5 6098
	NURSE BENJAMIN WARONA NORTH CENTRAL BRONX HOSPITAL 3424 KOSSUTH AVENUE BRONXNY 10467
	S.H.T.A MICHAEL STARK BELLEVUE HOSPITAL CENTER 462 FIRST AVENUE NEWYORK NYLODIG
	S.H.T.A JESSE JOHNSON BELIEVUE HOSPETALCENTER 462 FERSTAVENUENEW YORKNY 10016
	PSYCHIATRIST ELIZABETH JACKSONLMSW CEWTRALNEWYORK PSYCHIATRICCENTEROLURIVERRAP. DERX SODMARCY NY
	5.H.T.A MR LARRY KIRBY FORENSICPSYCHIATRICCENTER 600 EAST 125 STREET WARDS IS LAND NY 10035 6098
	PSYCHOLOSIST KATHREEN ROCKTEUEZ JACOBIMEDICA I CENTER 1400 PELHAM PARKWAY. SOUTH. BROTT N. Y 10461
	CENTRAL HOSPITAL.
	S.H.T.A VELEZKIRBY FORENSIC PSYCHIATRICCENTER BOD EAST 125 STREETWARDS I SIAND NY 10035-6098
	CORRECTION OFFICER AUBIN CITATION CORRECTION FACILITY 1156 RT374 P.OBOX 2000 DANNEMORA NY 129.
	PSYCHOLOGIST VICTOR CHAVEZ R.N JACOBI MEDICAL CENTER 1400 PELHAM PARKWAY SOUTH BRONX N.Y 1046/
	PSYCHOLOGIST GEORGE HARRIS R. N JACOBI MEDSCALCETTER 1400 PEHAM PARKWAYSOUTHBRONX N. Y 1046/
	THE MAKERS A ZYPREXA COMPANY CORPORTION HOSPITAL.
	BYCHOOGEST KVE JEAN R. N. JACOBI MEHICALCENTER 1400 PELHAM PARKWAY SOUTH BROMY N. Y. 104161
	BYCHOOGIST WE JEAN R. NJACOBI MEDICALCENTER 1400 PELHAM PARKWAY SOUTH BROAK N. Y 10461 5. H.T.A. ARIS KIRBY FORENSIC PSXCHIATRIC CENTER BODEAST 125 STREET WARDS ISLAND N Y 10035 609
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Cutty Peter Michael Fortery 7AMOCTOBER 20. 2015



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ATTORNEY KEVIN M. CANFIELD THE DAY A ALL HEARINGS RIGHT IN FRONT THE JUDGE

JUDGE ATTORNEY A.D.A. N. VIORST HIS ASSISTANT ATTORNEY CANFIELD SAYING

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AND N.Y. C. THAT WITH THEM NOTIFY IN THE AHEAD A THAT SITUATION THAT THEY NEVER SAYING

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